

# 09-19-06 PART B - FEE(S) TRANSMITTAL

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7590 08/17/2006

Neal L. Slifkin  
99 Garnsey Road  
Pittsford, NY 14524-2006 CNEGA2 00000004 10771251

01 FC:2501  
02 FC:1504  
03 FC:8001

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/771,251 02/03/2004 Jack Millay 82378 2586

TITLE OF INVENTION: CUFF FOR MEASUREMENT OF BLOOD PRESSURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional YES \$700 \$300 \$0 \$1000 11/17/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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TOTH, KAREN E 3735 600-499000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Neal L. Slifkin  
2 Robert C. Brown  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pharma-Smart, LLC

Rochester, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Neal L. Slifkin

Date

9/18/06

Typed or printed name

Registration No.

34,018

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